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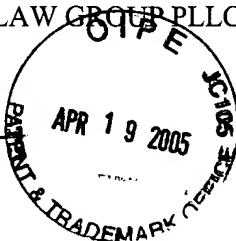
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500 7590 01/19/2005

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04/21/2005 BABRAHA2 00000047 191090 09265119

01 FC:1501 1400.00 DA  
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/265,119	03/09/1999	MAURIZIO PERI	856063.579	4151

TITLE OF INVENTION: FLASH EEPROM MEMORY EMULATOR OF NON-FLASH EEPROM DEVICE AND CORRESPONDING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS	04/21/2005 BABRAHA2 00000048 09265119
SHARON, AYAL I	2123	703-028000	01 FC:1501 1400.00 OP 02 FC:8001 15.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Eisak K. Jorgenson
2. Robert Iannucci
3. Seed IP Law Group PLLC

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STMicroelectronics S.r.l.

Agrate Brianza, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 5☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 19-1090 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 19, 2005

Typed or printed name

Robert IannucciRegistration No. 33,514

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